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CONFIRMATION NO. 6445

Bib Data Sheet

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|---|---|-----------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/650,025  | <b>FILING OR 371(c)<br/>DATE</b><br>08/26/2003<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1614  | <b>ATTORNEY<br/>DOCKET NO.</b><br>24852-501 CIP3 |
| <b>APPLICANTS</b><br>Nicholas G. Bacopoulos, New York, NY;<br>Judy H. Chiao, Berkeley Heights, NJ;<br>Thomas A. Miller, New York, NY;<br>Carolyn M. Paradise, Cortland Manor, NY;<br>Victoria M. Richon, Rye, NY;   |   |                                   |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/379,149 03/04/2003 which claims benefit of 60/361,759 03/04/2002   |   |                                   |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                                   |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 11/20/2003</b>  |   |                                   |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and<br>Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>NY | <b>SHEETS<br/>DRAWING</b><br>15  | <b>TOTAL<br/>CLAIMS</b><br>61                    |
| Examiner's Signature _____ Initials _____   |   |                                   |  | <b>INDEPENDENT<br/>CLAIMS</b><br>8               |
| <b>ADDRESS</b><br>35437   |   |                                   |  |  |
| <b>TITLE</b><br>METHODS OF TREATING MESOTHELIOMA WITH SUBEROYLANILIDE HYDROXAMIC ACID   |   |                                   |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1469  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |